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RATNERPRESTIA

FAX NO. 302 778 2800

P. 04



AW (07-03)

**DECLARATION/  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

Declaration  
Submitted after Initial  
Filing (Surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number:	DSU-102US
First Named Inventor:	Natradine Meissner
<b>COMPLETE IF KNOWN</b>	
Application Number:	10/678,367
Filing Date:	October 3, 2003
Art Unit:	2974
Examiner Name:	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on this invention entitled:

**INTERFEROMETRIC ANALOG OPTICAL MODULATOR FOR SINGLE MODE FIBERS**

The specification of which

(Title of the Invention)

is submitted hereto

OR

was filed on (MM/DD/YYYY) 10/03/2003 as United States Application or PCT (International) Application Number 10/678,367

and was filed on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(d) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 1)

**Declaration/Power Of Attorney for Utility or Design Patent Application**  
(continued)

I hereby appoint:

Practitioners at Customer Number 31344

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above; OR
	<input type="checkbox"/> Correspondence Address Below

Name: Ratnerprestia			
Address: P.O. Box 1596			
City: Wilmington	State: Delaware	Zip: 19889	
Country: USA	Telephone: (302) 778-2500	Fax: (302) 778-2600	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle if any)	Family Name or Surname		
Mouradine	Mellkechi		
Inventor's Signature	Date:		
Residence: City: Dover	State: Delaware	Country: USA	Citizenship: United States
Mailing Address:			
Mailing Address: 275 Marion Road			
City: Dover	State: DE	Zip: 19904	Country: USA
<input checked="" type="checkbox"/> Additional Inventors are listed on the next page.			

(Page 2)

**Declaration/Power Of Attorney for Utility or Design Patent Application**  
**(continued)**

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Kamel		Amara	
Inventor's Signature		Date:	
Residence: City: Dover		State: Delaware	Country: USA
Mailing Address: 400 North DuPont Highway		Citizenship: Algeria	
Mailing Address: Pmt. B 21			
City: Dover		State: DE	Zip: 19902
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
William D.		Jemison	
Inventor's Signature		Date: 5/20/2004	
Residence: City: Easton		State: PA	Country: USA
Mailing Address:		Citizenship: USA	
Mailing Address: 142 East Wayne Avenue			
City: Easton		State: PA	Zip: 18042
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City:		State:	Country:
Mailing Address:		Citizenship:	
Mailing Address:			
City:		State:	Zip:
Country:			
<input type="checkbox"/> Additional inventors are listed on		Supplemental Sheet(s).	

(Page 8)

**DECLARATION/  
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Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number:	DSU-102US
First Named Inventor:	Noureddine Melikechi
<b>COMPLETE IF KNOWN</b>	
Application Number:	10/678,367
Filing Date:	October 3, 2003
Art Unit:	2874
Examiner Name:	Unknown

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*(Title of the Invention)*

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and was amended on (MM/DD/YYYY) \_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

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Name: RatnerPrestia		
Address: P.O. Box 1596		
City: Wilmington	State: Delaware	Zip: 19899
Country: USA	Telephone: (302) 778-2500	Fax: (302) 778-2600
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>		

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Noureddine		Melikechi	
Inventor's Signature	<u>Melikechi</u>		Date: <u>04/07/04</u>
Residence: City: Dover	State: Delaware	Country: USA	Citizenship: United States
Mailing Address:			
Mailing Address: 275 Merion Road			
City: Dover	State: DE	Zip: 19904	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

# Declaration/Power Of Attorney for Utility or Design Patent Application

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<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Kamel		Amara	
Inventor's Signature 		Date: 4/29/04	
Residence: City: Dover	State: Delaware	Country: USA	Citizenship: Algeria
Mailing Address: 400 North DuPont Highway			
Mailing Address: Pat. B 21			
City: Dover	State: DE	Zip: 19901	Country: USA
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
William D.		Jamison	
Inventor's Signature		Date:	
Residence: City: Easton	State: PA	Country: USA	Citizenship: USA
Mailing Address:			
Mailing Address: 142 East Wayne Avenue			
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Inventor's Signature		Date:	
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Mailing Address:			
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<input type="checkbox"/> Additional inventors are listed on		Supplemental Sheet(s).	